



Health Care Task Force



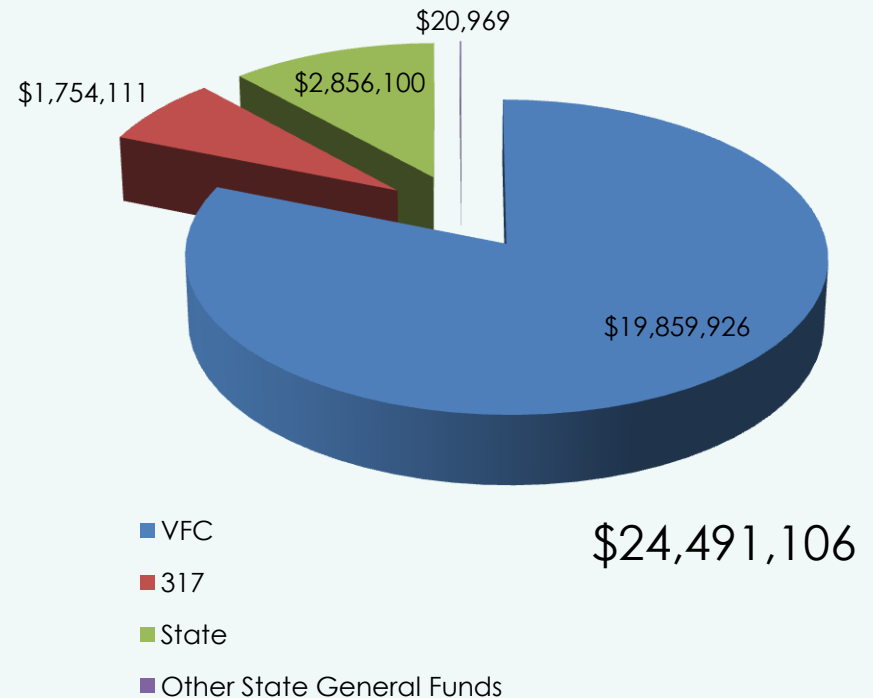
**Jane S. Smith, Administrator
Division of Public Health
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2009 Funding

- Vaccine is purchased using 3 funding sources:
 - VFC – entitlement from CDC
 - 317 – discretionary grant funds from CDC
 - State – general funds
- Seamless for providers





Vaccine for Children (VFC) Program



Eligible Children:

- 18 years old or younger;
- Eligible for Medicaid;
- Are Native American or Alaskan Native;
- Have no health insurance; or
- Health insurance does not cover immunizations

Ineligible Children:

- Have health insurance that covers immunizations



“Universal-Select” Vaccination Program

- The immunization program supplies all but a few of the recommended pediatric vaccines to VFC-enrolled providers to vaccinate all children (0-18) regardless of:
 - **Income;**
 - **Insurance status; or**
 - **Type of health care provider**
- **Federal and state funds are pooled to cover the cost of the vaccines (not administration)**





Shifting from Universal-Select to VFC-Only

Impact to Physicians and Clinics:

- **Providers must purchase vaccine for insured children**
- **Privately-purchased and federally-supplied vaccine must be monitored separately**
- **Children must be screened for eligibility**





The Plan for VFC-Funded Only Program



Update the Immunization Program's Plan to:

- **Incorporate best practices and lessons learned from other states**
- **Work with the medical providers to define new roles regarding vaccine purchase and administration**
- **Increase parent education**
- **Continue to support activities of the physician-initiated, state-wide immunization coalition**
- **Work with Insurance groups to minimize the impact to parents**





Vaccine Purchasing Pool

- A task force worked on both a short-term solution and a long-term solution for remaining Universal
- Plan: DHW would receive money from Blue Cross of Idaho for their members (and potentially others) and purchase vaccine off of a contract the state established with vaccine manufacturers
 - This would keep the vaccine supply to one source (DHW) for medical providers and
 - Reduce the out-of-pocket expenses for medical providers
- Only one response was received from a pharmaceutical manufacturer and one “no bid” from a distributor
 - The one manufacturer’s bid did not include all antigens and offered no economic advantage for the purchase of vaccines (prices were private sector costs or greater)
 - Due to this lack of response, DHW was not able to move forward with the purchasing cooperative , becoming VFC-only





Public Health Concerns:



- The financial burden of purchasing vaccines has caused some providers to post-pone or stop vaccinating insured children
- Parents of insured children are confused and upset because they are not sure how to access immunizations.
- Every time a child is referred, it reduces the likelihood that they will be vaccinated
- Increased referral to the local health departments places a heavy client load and financial costs on them
- Will this lead to even lower immunization rates?





Pop Quiz

- Which of the following has the lowest Measles vaccination rates?

- Indonesia
- Pakistan
- Idaho
- Croatia

- Which of the following has the lowest Polio vaccination rates?

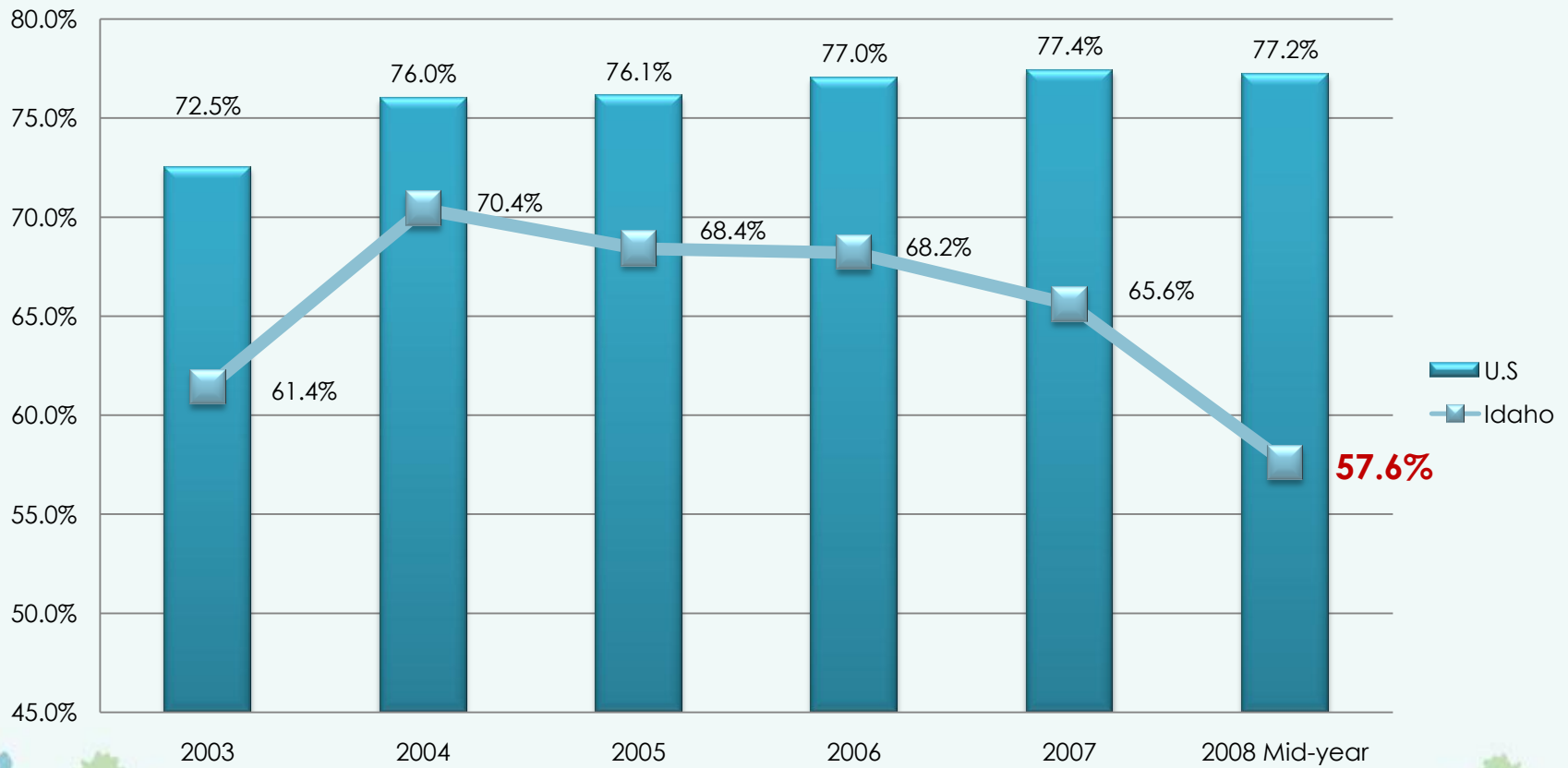
- Botswana
- Latvia
- Sri Lanka
- Idaho





Immunization Rates

Immunization Rates for the 4:3:1:3:3:1 Series





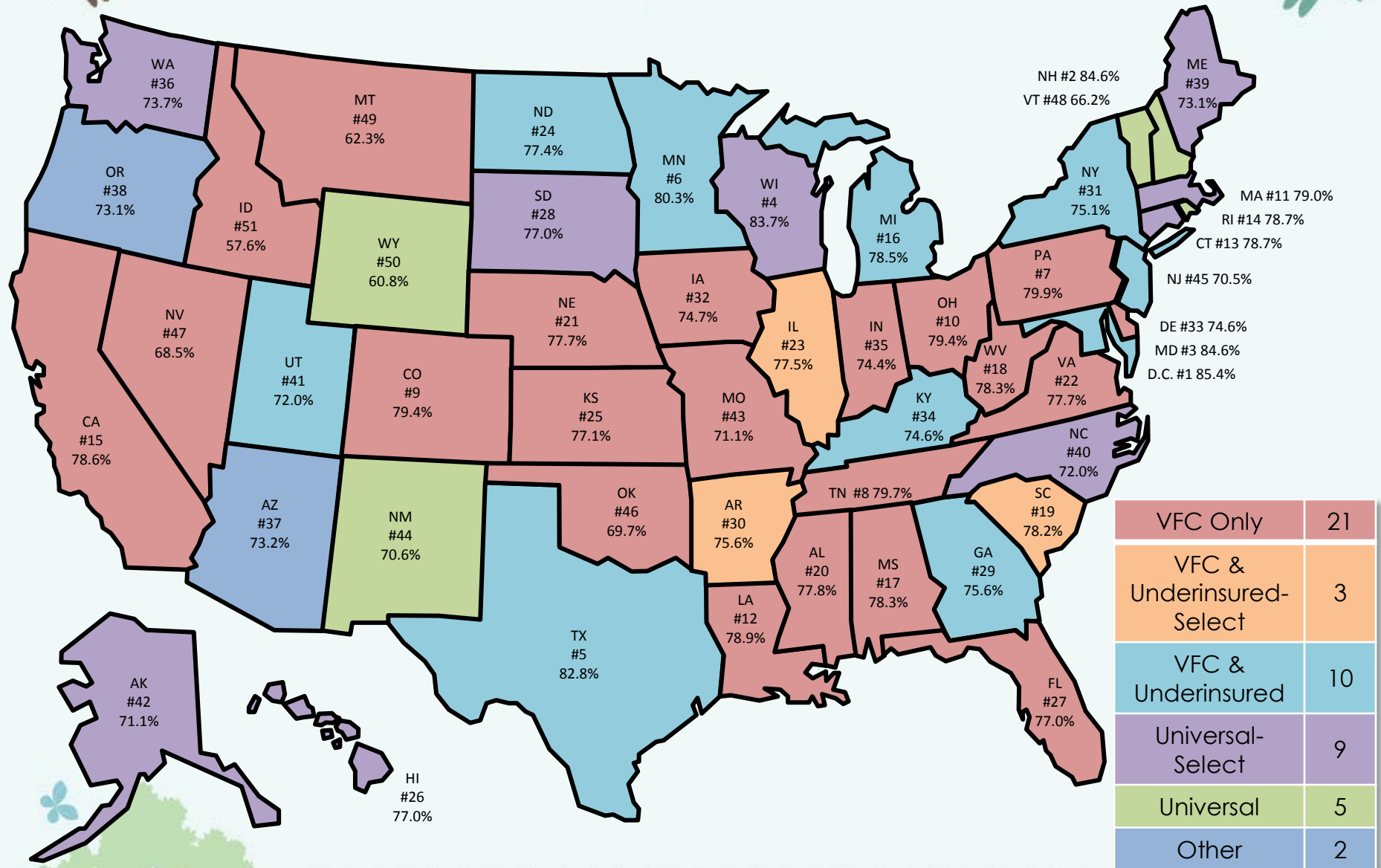
Immunization Rates

2008 – Mid-Year National Immunization Survey (NIS) Results

- Idaho has the lowest immunization rate for the 4:3:1:3:3:1 series
- Has the lowest rates for the following individual vaccines
 - DTaP
 - Polio
 - MMR
 - Hib
- Idaho has the lowest rates in the country!



Vaccine Supply Policies & Rates



Source: CDC Management Survey



Why are children behind?



There are 4- factors that can help predict whether or not a child will complete their DTaP immunizations on time

- 1) 1st dose of DTaP is received on time
- 2) 3rd dose of DTaP is received on time
- 3) Being a younger mother
- 4) *Having more than 1 provider*





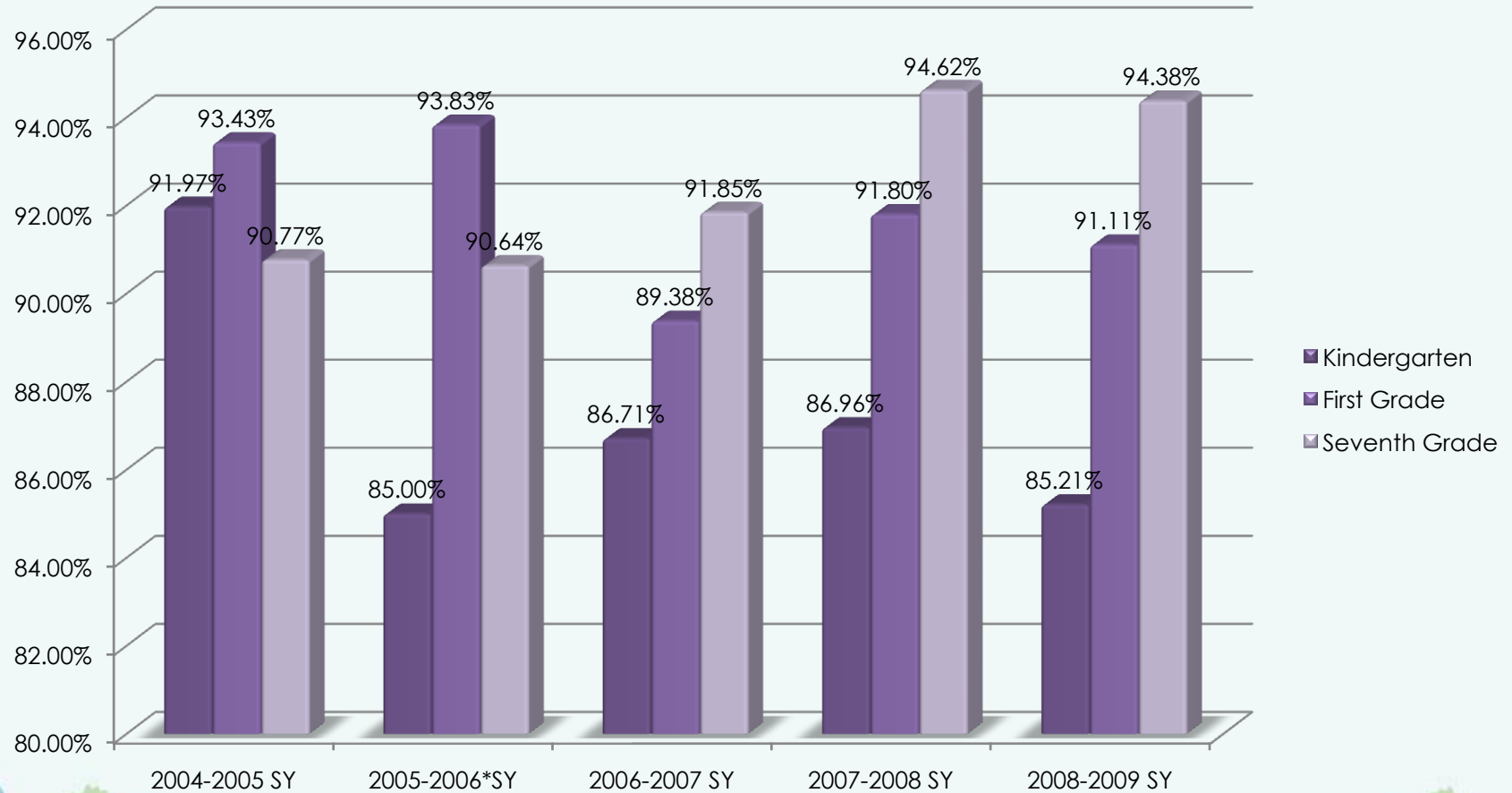
School Requirements

- Vaccination rates are low among children entering Kindergarten
- 85% of children entering Kindergarten were vaccinated according to state requirements
- 9.5% of children entering were missing something
- The vaccines to target are the 5th DTaP & 2nd MMR





School Vaccination Rates



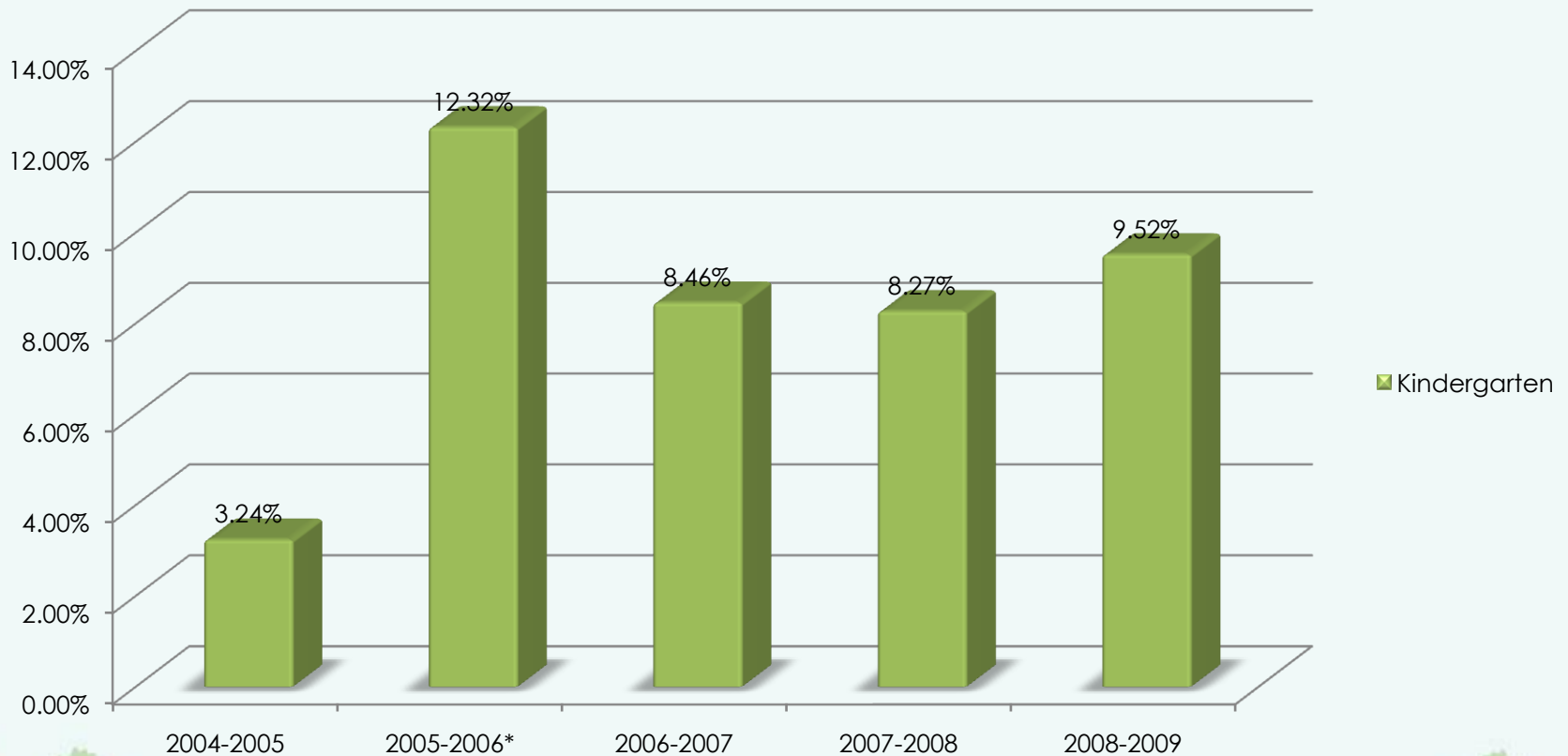
*5th dose of DTaP & 2nd MMR required





Incomplete

Kindergarten



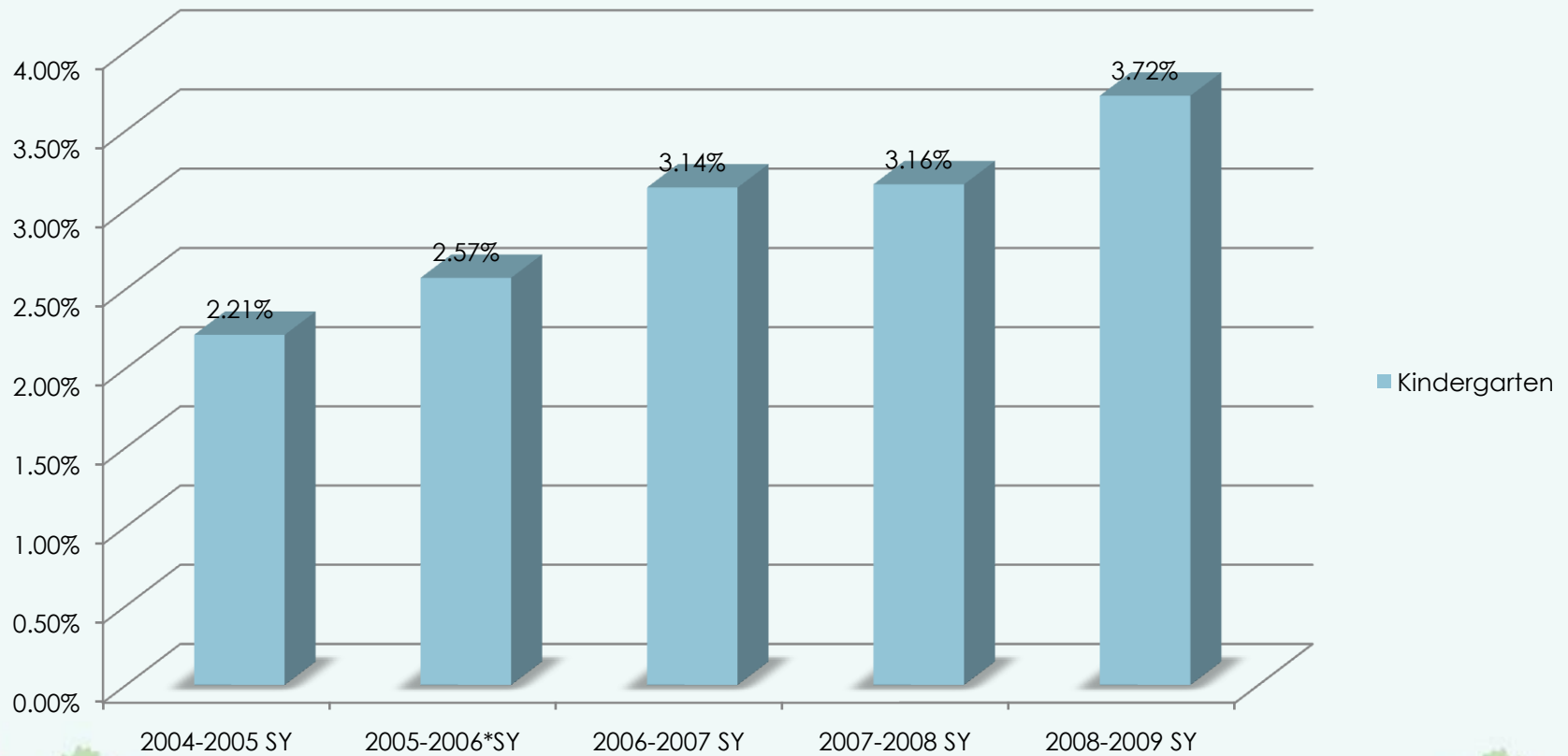
*5th dose of DTaP & 2nd MMR required





Exemptions

Kindergarten



*5th dose of DTaP & 2nd MMR required





Questions?

